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Report to Congressional Requesters

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VA HEALTH CARE

Nursing Issues at the Albuquerque Medical Center Need Attention

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Human Resources Division

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January 30, 1990

The Honorable Pete V. Domenici
United States Senate

The Honorable Frank H. Murkowski
Ranking Minority Member
Committee on Veterans' Affairs
United States Senate

In your letter of October 20, 1988, you asked us to evaluate a series of concerns raised by nursing personnel at the Department of Veterans Affairs (VA) Medical Center in Albuquerque, New Mexico.[1] These concerns, cited in a Bill of Particulars, were grouped in 14 categories, ranging from inadequate staffing and pay inequities to waste and loss of supplies and equipment. During meetings with registered nurses (RNs) associated with Local 2208 of the United Brotherhood of Carpenters and Joiners of America, American Federation of Labor/Congress of Industrial Organizations (AFL/CIO), and your staffs, we agreed to concentrate our efforts on the following issues: (1) staffing shortages, (2) pay, (3) patient care and safety, and (4) management attitudes. We have briefed your staffs, VA management, and nursing representatives on the results of our efforts.

We performed our review from January through June 1989 in accordance with generally accepted government auditing standards. See appendix I for our review scope and methodology.

Results in Brief

Center management (e.g., Medical Center Director, Associate Director, and Chief of Staff) has addressed and resolved many of the issues and concerns raised by the nurses in their Bill of Particulars. Nurse vacancies and overtime have been reduced, pay issues have been addressed, the number of promotions and awards has increased, disciplinary actions have been reduced, the nursing home care unit is now being renovated, and the number of beds being operated in the facility has been reduced.

Further, VA submitted a legislative proposal to the Office of Management and Budget (OMB) in September 1989, which addresses various nurse pay issues that cannot be dealt with at the Center level. Officials of

[1]Nursing personnel include registered nurses (RNs), licensed practical nurses (LPNs), and nursing assistants (NAs). Most of the concerns, however, pertained to RNs and LPNs.

Union Local 2208, which represents RNs at the Center, are aware of these actions but are concerned that the progress made could be lost (1) when we complete our work and (2) if the Center's nursing situation no longer receives a high level of attention from congressional sources and the media.

With respect to patient care and safety, both the nursing service and the quality of care at the Center were rated acceptable in February 1988 by VA's Southwest Regional Office, and patient care indicators that are monitored show that the hospital's performance is generally comparable to other VA hospitals of similar size and patient mix. Nursing shortages at the Center, however, did prevent nurses from performing some duties that contribute to quality patient care, and a high percentage of nurses we queried believe they have less time available than is needed to provide patient care. Patient safety problems cited by the nurses have, over time, been addressed and have either been or are in the process of being corrected.

Although progress has been made in many areas cited in the Bill of Particulars, issues such as the "floating" of nurses from one ward to another, staff injuries, support services, paperwork, and acuity determinations[2] need to be addressed more fully during meetings between personnel representing management and the RN's union leadership. These meetings are held monthly and should serve as the primary communication vehicle between labor and management. But they have not been used to their full potential. As a result, issues of great concern to the Center's nurses are not being adequately addressed. Further, the working relationships between representatives of the RN's union and management have been adversely affected by past incidents involving these and other issues. As a result, officials of Union Local 2208 believe that management is unsupportive and unresponsive to their needs and concerns. Conversely, management believes that the union nurses discuss issues with an attitude that, if they don't get what they want from management, they will go to the media or their congressional representatives for resolution.

Many of the issues of concern to nurses in the Albuquerque Medical Center are not unique to that facility. Staff shortages; inadequate levels of support services; work scheduling, with its demands for round-the-

[2]Acuity systems are used in the medical center to classify patients according to their nursing care needs. "Floating" is a term used to describe a temporary assignment to another unit or ward in the medical center for 8 hours or less.

clock care of patients; management support and recognition; and stressful working conditions are national concerns of nurses in both the public and private sector. (See app. III.)

Background

The Albuquerque Medical Center serves an area of New Mexico and western Texas in which about 200,000 veterans reside. It provides primary, secondary, tertiary, and long-term care to veterans and is a major teaching facility affiliated with the University of New Mexico. Also, as part of a sharing agreement between VA and the U.S. Air Force, the Air Force leases 40 beds in the Center's clinical services area and offers primary and secondary care, as well as urgent and emergency care. Combined, the VA and Air Force facilities are called the New Mexico Regional Federal Medical Center. The original Center was built in 1932, with additional major construction in 1951. In February 1987, the Center opened a new clinical services addition. As of April 30, 1989, the Center had (1) 405 available beds, with an average daily census of 311 patients, and (2) 427 authorized nursing positions, 398 of which were filled.

Because of budgetary constraints, in June 1989, the number of available beds was reduced to 274. At that time, the patient daily census was about 215. There has been no decrease in the number of authorized nursing positions.

RNs at the Center are represented by Local 2208 of the United Brotherhood of Carpenters and Joiners of America, AFL-CIO. Licensed practical nurses (LPNs) and nursing assistants (NAs) are represented by the American Federation of Government Employees. In the Bill of Particulars, issues involving RNs, LPNs, and NAs are cited, but the group serving as the focal point for this initiative was RNs affiliated with Local 2208.

Nursing Staff Shortages Greatly Reduced

Since early 1988, Center management has made steady progress to reduce the nurse vacancy rate at the facility. In February 1988, when the Center's nurse shortage was at its peak, there were 45 RN vacancies and 43 LPN and NA vacancies. By July 1, 1989, the Center's vacancies had decreased to 21 RNs, 11 LPNs, and 1 NA.

These reductions have occurred in spite of a relatively high turnover rate for both RNs and LPNs, which ran at 30 and 70 percent, respectively, in fiscal year 1988. The substantial reduction in nurse vacancies was due to a number of management actions. For example, in January 1988, flexible work schedules were permitted for nurses; in April 1988 and

again in August 1988, entry-level RN salaries were increased; in June 1988, Saturday differential pay for LPNs was approved; and in March 1989, the LPN pay scale was increased.

With the hiring of additional nursing staff, the Center's management has also been able to reduce the amount of overtime required of nurses. During the first 4 months of fiscal year 1989, nurses worked less overtime than during the comparable period a year earlier, as shown in table 1.

Table 1: Reduction in Nurse Overtime Hours

Nursing staff	Overtime hours Oct.- Jan. 1988	Oct.- Jan. 1989	Percent reduction
RNs	3,335	2,567	23
LPNs and NAs	2,109	1,408	33

Center management officials did not, however, initiate all of these actions in a timely manner. For example, around the time the Center's new clinical services addition opened in February 1987, nearly 100 new nursing positions were authorized, but management did not aggressively recruit to fill them. Center management officials told us they had never before had trouble filling vacant positions and had not anticipated any difficulty at the time the additional positions were authorized. Employment conditions, however, had changed. The Center had to compete for limited numbers of nursing staff with existing hospitals, including three new hospital facilities in the Albuquerque area.[1] Also, according to Center management, Center salaries were lower than those being offered by area hospitals. The recruiting program did not begin to achieve full effectiveness until after the present nurse recruiter came on board in June 1988.

Center Management Has Addressed Pay Issues

Within its legal and budgetary authority, Center management officials have taken several actions to respond to pay issues raised by nursing staff. Management has (1) conducted salary surveys to determine the extent to which the entry-level salaries for RNs in the junior, associate, and full-wage categories are competitive with other hospitals in the area, and has increased salaries accordingly; (2) conducted a salary survey for LPNs and, subsequently, increased their salaries; (3) extended the Saturday pay differential to LPNs; and (4) increased the number of

[1] The three new facilities were Northside Presbyterian Hospital, opened in March 1987; St. Joseph's West Mesa Hospital, opened in July 1984; and Charter Hospital of Albuquerque (formerly Charter Sunrise Hospital), opened in March 1987.

nurse awards, which adjust basic pay (e.g., through within-grade increases).

However, several other pay issues raised by the nurses cannot be resolved unilaterally by Center management. For example:

- Paying an administrative differential for head nurses requires legislation, and establishing special pay advancements for head nurses requires a change in VA policy.
- Paying a Saturday differential for nursing assistants requires legislation.
- Paying recruitment and retention bonuses for nurses who enter employment agreements to stay with VA for 2, 3, or 4 years (authorized under Public Law 100-322) requires implementing regulations and obtaining funding from VA's Central Office.

Bills recently introduced in the House of Representatives and in the Senate include provisions to authorize payment of a 6-percent premium in the pay of head nurses and to provide VA with discretionary authority to pay Saturday differential to NAs. However, VA has developed its own nurse pay reform legislation based on recommendations of the VA Nurse Pay Task Force. The proposed legislation was submitted to OMB in September 1989 for approval before its submission to the Congress. But in his comments on this report (see app. IV), the Secretary stated that VA has opposed legislative proposals that would pay Saturday differential to NAs because there are no staffing difficulties with this type of personnel. Further, the Secretary stated that VA opposed the enactment of authority to give RNs recruitment and retention bonuses because it was too costly and not helpful for recruiting and retaining RNs.

The following sections provide more in-depth discussion of these and other pay issues that (1) are of concern to the nurses and (2) need more detailed discussion between labor and management at the Medical Center.

Head Nurses Receive No Additional Compensation

The turnover rate for head nurses at the Albuquerque Medical Center is very high; in fiscal year 1988 it was 52 percent. From October 1, 1988, through March 31, 1989, 35 head nurses were selected and hired. Considering that there are only 19 head nurse positions at the Center, turnover is obviously a problem. Head nurses are considered to be members of management and generally work the day shift. They are responsible for directing subordinate nursing staff, conducting and participating in

various Nursing Service management meetings and disseminating the meetings' information to the staff nurses, participating in research projects, and providing orientation and opportunities for continuing education for nursing staff. However, they receive no additional compensation for this assignment and may even lose money. Specifically, they are generally assigned a standard day shift and, therefore, do not receive premium pay for working overtime, evening or night shifts, or weekends.

According to a VA official, a proposal to alleviate this situation was included in the September 1989 legislative package submitted to OMB.

Entry-Level Staff Salaries Vary

One of the nurses' major pay concerns is that new staff are being hired at higher salary levels than on-board staff have achieved. According to the Center's Chief of Personnel Services, salary levels for new hires are based on their education, experience, and qualifications. Accordingly, commensurate with their qualifications, nurses can be hired at levels higher than those achieved by staff who have been on board for several years but do not have comparable education and qualifications. Additionally, because of two special salary rate adjustments in 1988, nurses are now hired at higher pay levels within a wage category, whereas Center nurses hired in previous years were hired at lower pay levels and worked for several years to achieve the same pay level given to new hires.

In a related matter, the nurses believe that the Centers' Nursing Professional Standards Board liberally interprets the qualification standards for new hires, thereby establishing a high entry-level salary, while concurrently strictly interpreting the standards when considering on-board staff for promotions.[1] As a result, from the nurses' perspective, on-board staff have a more difficult time advancing. According to the Board chairperson, the Board cannot change the qualification standards but is more liberal now than it was in the past in interpreting the extent to which a person's qualifications meet the standards. However, the liberal interpretation applies to both new hires and on-board staff. As a result, new staff are coming on board at higher levels than in the past and on-board nurses are being promoted more easily. Center personnel data show that the number of promotions has increased substantially since

[1]As of June 1988, the 11-member Board consisted of five staff-level nurses, two head nurses, two supervisory nurses, the nurse automated data processing coordinator, and the Associate Chief Nurse. Any nurse can volunteer to serve on the Board, and nursing management selects members.

1986. For example, during calendar year 1986, 13 staff nurses were promoted from full grade to the intermediate grade level; in contrast, in 1987 and 1988, the numbers of staff nurses promoted to that level were 28 and 25, respectively.

Number of Awards Has Significantly Increased

Management has placed increased emphasis on recognizing nurses for superior performance and has encouraged supervisors and head nurses to more frequently recognize on-board staff by recommending them for awards. Between calendar years 1987 and 1988, the number of awards given increased significantly, as shown in table 2.

Table 2: Nursing Staff Awards
(Calendar Years 1987 and 1988)

	Number of awards	
Type of award	**1987**	**1988**
Special Advancement for Performance	25	79
Special Advancement for Achievement	17	17
Special Contribution Award	52	212

These employee awards involve either permanent increases in basic pay or one-time cash awards. Special Advancement for Performance awards are one-step pay increases in recognition of outstanding performance. Special Advancement for Achievement Awards can range from one to five steps in recognition of an achievement attained by the nurse, generally certification in a specialized medical area. Special Contribution Awards are one-time cash awards (generally $200 at the Center) for a contribution beneficial to the government, such as exceptional performance on a project.

Funding for Congressionally Authorized Bonuses Not Provided by VA

Public Law 100-322, dated May 20, 1988, authorizes the Secretary of Veterans Affairs to pay a bonus to any registered nurse who will enter an employment agreement for a specified period of time at a VA facility designated as having a significant shortage of RNs. The bonus pay may not exceed $2,000 per year for a 2-year period, $3,000 per year for a 3-year period, and $4,000 per year for a 4-year period. The agreement may be entered into with any RN who is employed or who agrees to accept employment by VA. But VA has neither requested special funding for this program nor made funds available for it from existing accounts.

In his comments on this report (see app. IV), the Secretary stated that when the Congress enacted the authority for VA to pay recruitment and

retention bonuses to RNs who enter employment agreements, it failed to provide additional funding for the bonuses. Further, VA opposed the enactment of this authority citing that it was too costly and not helpful for RN recruitment and retention.

In July 1989, VA received supplemental funding from the Congress for general operations. According to a representative of VA's Office of General Counsel, none of these funds were earmarked for bonuses under Public Law 100-322 because such bonuses were a lower priority than other more pressing needs confronting VA (e.g., VA was faced with the possibility of personnel cuts).

Patient Care and Safety Not Seriously Jeopardized by the Nursing Shortage

In February 1988, a program review by VA's Southwest Regional Office found the nursing service and quality of care at the Center to be acceptable, although some documentation problems did exist. In addition, we found that patient care indicators that are monitored by the Center and by the region, such as mortality rates, patient falls, and medication errors, were generally comparable with those encountered at other comparably sized VA hospitals in fiscal years 1987 and 1988.

Although no major patient care problems were exhibited by these indicators, nursing records and our discussions with nurses indicated that the staffing shortage had in many instances prevented nurses from performing certain duties that, while not critical, do contribute to quality patient care. For example, nurses often did not have time to bathe, turn, or walk patients as often as needed or to record patient histories in a timely manner. In responding to a questionnaire administered by GAO, approximately 80 percent of both the RNs and LPNs at the Center said that they have less time available than is needed to provide patient care.

When queried about the quality of care provided at the Center, 25 percent of the RNs ranked it neither high nor low, 29 percent ranked it high, and 11 percent ranked it very high. LPN's opinions were similar: 32 percent ranked it neither high nor low, 25 percent ranked it high, and 8 percent ranked it very high. Service representatives from the Veterans of Foreign Wars, Disabled American Veterans, and the Paralyzed Veterans of America stated that the quality of care at the Center is acceptable.

The regional office review found that the Center had no written policies (1) concerning the scope and provision of care in the intensive care unit and (2) addressing standards specific to the nursing home care unit. The review also found that the Center was not trending quality assurance data.

With respect to patient safety, VA has, over time, corrected the deficiencies that the nurses cited in the Bill of Particulars. The nursing home care facility that was in disrepair is undergoing renovation, and the patients have been moved to a new location in the Center; an equipment problem, which had posed a safety hazard to both nursing personnel and patients has been resolved; and a preventive maintenance plan for patient care equipment has been improved. Some of these actions have taken a long time. Further, some of management's actions in the patient safety area appear to have been more reactive than proactive. For example, locks for the stairwell doors in the nursing home unit were not installed until after a wheelchair patient rolled down a stairwell. Also, relatively simple repairs, such as placing screens on the nursing home unit's windows, were not made at the time the problem was noted. Instead, they were made part of the later renovation project.

Labor-Management Attitudes: Past Incidents Adversely Affect Present Communication

Meetings between the Chief Nurse and other Center personnel representing management and Local 2208 union officials are held monthly to discuss issues of interest and concern to either the RNs or management. The agenda is normally set by the union, but management can add agenda items with union approval. Management is normally represented by the Chief of Personnel Services, Chief Nurse, and/or the Administrative Officer for the Chief of Staff. The RNs are represented by the union president and vice president. These meetings are the primary mechanism through which issues should be addressed, but both the Center director and union officials agree that difficult issues are not addressed in these meetings. Further, the union nurses contend that some of the issues they have suggested for the agenda have been rejected by management as not being union-related issues. We could not verify this assertion. Our review of meeting agendas and pertinent minutes from January 1987 to June 1989, however, indicates that several of the items cited in the Bill of Particulars appear to have been brought up yet do not appear to have been discussed in depth or resolved.

The RN's union leadership informed us at the beginning of our review and again at the end of our on-site work that they do not trust management and cannot foresee that they could do so in the future. They contend that they have raised all of their issues with management, but nothing has been resolved. Center management officials state they have done everything within their power to satisfy the nurses' concerns, but if the nurses do not get everything they want, they threaten to take their case to the press or the Congress. Union and Center management representatives, in discussing the reasoning behind their positions, cited

incidents that occurred in 1987 and 1988. The incidents most frequently cited relate more to how certain situations were handled by labor and management than to specific issues involving patient care or working conditions.

The nurses also believe that management has greatly increased the number of disciplinary actions taken against them and has sought the maximum penalties against them in these actions. While it is true that the number of disciplinary actions rose sharply from 1 in calendar year 1986 to 13 in calendar year 1987, the number dropped to 5 in calendar year 1988. Through the first 4 months of calendar year 1989, one disciplinary action was taken against a nurse. Nursing management officials told us the high number of actions in calendar year 1987 resulted from lax enforcement of hospital policies and procedures in the past and because it took a period of time to show that present nursing management (Chief Nurse, Associate Chief Nurse) was serious in obtaining compliance with pertinent regulations. We were also told that nursing management follows VA regulations and guidelines in determining the severity of penalties. These determinations are reviewed for appropriateness by Center management (Director, Associate Director, and Chief of Staff). Based on a limited review of the disciplinary files, we found that maximum penalties were not sought by management in many cases.

To determine how the general nursing population at the Center perceives both Center and nursing management's attitudes toward nurses, we asked both RNs and LPNs to respond to a series of questions in our questionnaire. About 60 percent of these nurses said that Center management is supportive to at least some degree; values them as members of the medical team; is concerned with their interests; and is considerate, fair, or respectful to them. About 70 percent of the nurses had the same feelings about nursing management. When asked to what extent they believed management would take negative actions against them if they expressed concern about patient care at this medical center, 38 percent of the RNs and 41 percent of the LPNs responding indicated to a great or very great extent. Only 23 percent of the RNs and 32 percent of the LPNs responding said that they had little or no concern about a managerial reaction. But when asked if they had ever felt threatened or intimidated by Center management with such actions since January 1989, 86 percent of both the RNs and LPNs responding said no.

In the opinion of both Center and nursing management, much has been done to assure the nurses that management is both concerned and supportive of nurses' interests. In addition to the actions already cited

involving recruiting and pay, in March 1988, Center officials formed a new committee to develop programs and strategies to recruit and retain nursing personnel. Both Center and nursing management have begun initiatives to improve communication and make themselves more accessible to the nurses. These initiatives include nursing management's publication of a nursing newsletter and Center officials' more frequent visits to the facility's wards and units.

Other Issues of Concern to Center Nurses

The nurses' Bill of Particulars cited several other concerns that we addressed. These include (1) allegations of equipment and supplies being stolen; (2) indications that the number of nurse injuries is increasing; and (3) the need to post vacancy announcements. There are additional issues of concern to the nurses that warrant more discussion between labor and management. These include floating, support services, paperwork, and acuity determinations. Each of these areas is discussed in more detail in appendix II.

In commenting on this report, the Secretary stated that floating and support functions involve management's right to assign work, which is protected from bargaining under the labor relations statute. He further stated that acuity determinations are not subject to collective bargaining. The Secretary concluded, however, that issues can be discussed and both parties can explore ways of resolving matters on which both parties agree that there is a problem. But it needs to be understood that management retains the discretion to identify matters that are inappropriate for consultation or negotiation and respond accordingly.

Two of the areas addressed require immediate corrective action by management. The first involves a need to improve internal controls over supplies and equipment (see p. 19). The second involves a need to establish the same physical requirements for nurses hired at the facility that are imposed on nurses attempting to return to work after an injury (see p. 20).

Conclusions

Since early 1988, when the nursing shortage at the Center was at its peak, much has been done by Center management officials to improve the working conditions and pay of the nurses at the facility. There are, however, issues that concern the nurses and warrant the attention of management. These issues should be discussed from the perspective of both labor and management, within the Medical Center, and without undue external influences. Specifically, the issues involving RNs should

be dealt with in the monthly labor-management meetings. But in order to be effective, these meetings must become more result oriented. To achieve this, the Medical Center director should take an active role in them, and careful attention should be paid by both union and management to what is placed on the agenda. While every problem may not get resolved, the two groups should actively listen to each other's position and fully discuss the issues. Where possible, a complete report should be made on key issues and disseminated to the nursing staff so that they know what is happening and why it is happening, from both the union's and management's perspective.

Because of the conflicts that have developed between the parties over the last 2 years, it will be difficult to make the participants believe they can deal with the issues and each other in an effective manner. To facilitate this process, we believe that an independent human resource specialist should be brought in to enhance the dialogue between the two groups.

In addition to the labor-management issues, Center management must improve its internal controls over property. Record-keeping problems and the potential for theft were identified 18 months ago, but the problems have not been resolved. Further, Center management should reexamine the physical requirements it places on nursing hires and nurses returning to work after an injury in order to eliminate any inconsistencies.

Recommendations to the Secretary of Veterans Affairs

We recommend that the Secretary of Veterans Affairs direct the Chief Medical Director to

- contract with an independent human relations specialist (consultant) to work with Center management and the nurses to improve working relationships and facilitate the resolution of problems;
- require the Medical Center director to participate in the monthly labor-management meetings at the Center and ensure that issues of concern to either group are addressed;
- require the Center director to inventory all equipment and supplies, reconcile the inventory records, and strengthen internal controls over property; and
- reconcile the differences between the physical requirements applicable to nurses being hired and those applicable to injured nurses returning to full duty.

Agency Comments

In his November 21, 1989, letter (see app. IV) the Secretary concurred with each of our recommendations and established implementation plans and target dates for their resolution. Specifically, the Secretary stated that, consistent with VA policy and applicable laws and regulations, VA will initiate a contract for a consultant who will work with Center management and the union representatives for the RNs. Center management and the union representatives will be offered an opportunity to participate in the selection of the consultant to ensure mutual acceptance. The consultant will be identified within 120 days and the program of assistance will be completed no later than 180 days thereafter.

The Secretary stated that he agrees that the Medical Center Director should meet periodically with the nurses' union. He noted, however, that VA has no obligation to negotiate with employee unions on matters that are not subject to collective bargaining under federal labor relations statutes. In this context, the Secretary pointed out that the report identifies issues that may not be appropriate for resolution through collective bargaining or problem-solving meetings with the nurses' union. The Secretary concluded, however, that every effort will be made to comply with the intent of this recommendation with the purpose of improving communications.

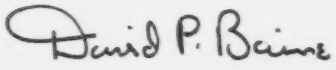
Specifically, the nurses' union will be consulted to determine the nurses' interest in having a third representative (e.g., the Medical Center Director) present in the monthly meetings, and, in the interim, routine premeeting review of all upcoming agenda items with the nursing management team and the Director will be initiated. This review will be designed to ensure appropriate awareness of the issues by all participants as well as to elicit issues of concern and input from the Director. Nursing management will be directed to continue distributing the agenda and subsequent minutes of the monthly labor-management meetings. The recommendation will be implemented within 30 to 60 days based on the outcome of discussion with the union.

The Secretary agreed that the Center Director should inventory all equipment and supplies, reconcile the inventory records, and strengthen internal controls over property. According to the Secretary, problems in these areas were first recognized by top management soon after its arrival in late fiscal year 1985. Records were grossly inadequate, with inaccurate logging and ineffective internal control systems. The subsequent move into the new clinical services addition, with the acquisition of more than $30 million in equipment and furnishings in fiscal years 1986

and 1987, added tens of thousands of record adjustments to both internal and Department systems. To address this issue, management of the Center's Supply Service has been reassigned and an inventory reconciliation project has been initiated. VA's Central Office provided a special site visit team that generated considerable information and assistance in these efforts. Additionally, Center management has recently arranged for field experts to be detailed to the Center to assist the local staff in completing the inventory and property records. Nursing staff concerns for such items as microwave ovens and laundry carts have been addressed. The Secretary also stated that the service-by-service cycle of the property accounting system will be completed by December 1989.

The Secretary also agreed to reconcile the differences between the physical requirements applicable to nurses being hired and those applicable to injured nurses returning to full duty. Specifically, within 90 days, Center management will review and identify the physical requirements associated with the various positions being applied for and inform prospective employees of them. In addition, preemployment physical examinations will be modified to more accurately assess the employees' capacities to appropriately perform required tasks for specific positions. VA will continue its policy of requiring each facility to obtain a greater degree of evidence that a previously injured employee is able to return to work. According to the Secretary, this policy is designed to ensure that employees do not re-injure themselves or aggravate an existing condition and that they are not cause for injury or harm to patients or coworkers.

We are sending copies of this report to other congressional committees and subcommittees; the Director, Office of Management and Budget; the Secretary of Veterans Affairs; and other interested parties. If you have any questions concerning this report please call me on (202) 275-6207. Major contributors to this report are listed in appendix V.



David P. Baine
Director, Federal Health Care
Delivery Issues

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Abbreviations

AFL/CIO	American Federation of Labor/Congress of Industrial Organizations
AHA	American Hospital Association
GAO	General Accounting Office
ICU	intensive care unit
LPN	licensed practical nurse
NA	nursing assistant
RN	registered nurse
VA	Department of Veterans Affairs

Scope and Methodology

To evaluate the issues raised by the nurses at VA's Albuquerque Medical Center, we reviewed applicable legislation, VA regulations and policies, and Center records and documents. We also interviewed Center management officials; nursing personnel; representatives of service organizations, such as Veterans of Foreign Wars, Disabled American Veterans, and Vietnam Veterans of America; and officers of Local 2208, United Brotherhood of Carpenters and Joiners of America, AFL-CIO, representing Center RNs. To compare conditions at the Center with those at other, comparably sized VA hospitals, we obtained information from and interviewed officials of VA's Central Office and Southwest Region. We also interviewed officials and obtained information on floating, mandatory overtime, staffing, and turnover at two non-VA hospitals in the Albuquerque area.

To obtain nursing personnel's views about the current conditions at the center, we administered a questionnaire to a group of RNs and LPNs. We did not administer the questionnaire to NAs. We selected all 91 LPNs employed by the center in April 1989, and obtained 81 completed questionnaires. We randomly selected 170 of the 252 RNs who were employed by the center in April 1989, and obtained 156 completed questionnaires. For both the RN and LPN groups, nonresponses to the questionnaire resulted from personnel being unavailable because of illness or injury.

Since we surveyed a sample rather than the universe of RNs, each reported estimate has a sampling error associated with it. The size of the sampling error reflects the precision of the estimate; the smaller the sampling error, the more precise the estimate. Sampling errors for estimates from this survey were calculated at the 95-percent confidence level. This means that the chances are about 19 out of 20 that the actual percentage being estimated falls within the range defined by our estimate, plus or minus the sampling error.

The largest sampling error associated with our estimates is 5 percentage points. Thus, if we have estimated that 70 percent of the RNs reported a particular condition, there is a 95-percent chance that the actual percentage is between 65 and 75 percent.

Other Issues of Concern to Center Nurses

In addition to the major issues addressed in the body of the report, we agreed to study other issues raised by the nurses in the Bill of Particulars. Information follows on issues that have not been resolved and should be addressed by management or by management and the nurses' union.

Improvements Needed in Inventory Control

In their Bill of Particulars, the nurses raised concerns about missing microwave ovens and linen losses. During the course of our review, allegations were also made that other items were being stolen. In a December 1987 VA Inspector General report, the Center's equipment and supply inventory records were cited as incomplete and inaccurate. The report concluded that the problem increased the risk of loss or misuse of government property. We found that inventory problems still exist at the Center. For example, our examination of linen inventory records showed that serious inventory discrepancies have existed since January 1986, but have not been reconciled. As recently as January 1989, records showed that the linen loss for the 6-month period July through December 1988 was $36,600. When informed of this situation during our June 1989 exit conference, the Medical Center director stated that the problem will be addressed immediately.

Nursing Staff Injuries Are High

The number of workers' compensation claims filed by employees at the Albuquerque Medical Center is higher than the VA district, regional, and national averages. For nurses at the Center, the number of injuries has risen between 1986 and 1988 for both RNs and LPNs, from 20 to 30 for RNs and from 9 to 22 for LPNs. The injuries primarily involve back injuries due to lifting. Center management officials recognize the problem and informed us that they are conducting mandatory training courses on safety, encouraging nurses to use available lifting equipment, and providing every new employee with a 3-hour training seminar on injury prevention. These officials also believe that the nurses may be taking undue risks, are not seeking out the proper lifting equipment, and are unwilling to ask other staff for help when lifting patients. The nurses contend that the mandatory training is too short (45 minutes) and that the nurses are often pulled out of the class to care for their patients. According to the nurses, a 2-day training program was given on the subject but was subsequently cancelled. The nurses believe this course should be reinstituted. The subject has also been discussed in the monthly labor-management meetings, but no significant actions appear to have been taken.

On a related topic, the nurses contend that before an injured nurse can return to work he or she must meet rigorous physical qualifications established by the Center, even though the individual is not advised upon hiring that such qualifications exist. Specifically, nurses must receive medical certification that they can lift, with assistance, up to 100 pounds intermittently (1 hour per day total). Without such certification, they cannot return to full duty. Nurses being hired, however, do not need to meet any lifting requirements. Management agreed that this is happening and indicated that a reexamination of the physical requirements for the job may be needed.

Vacancy Announcements Not Routinely Posted

In the Bill of Particulars, the nurses stated that vacancy announcements are not posted. In 1985, the Center's Chief Nurse issued a memorandum to all RNs stating that, as a result of contract negotiations with Local 2208, a current listing of all existing noncentralized positions, along with basic qualifications, would be posted and maintained on the bulletin boards on each ward or unit. Minutes of a December 1986 union-management meeting, however, indicate that, as of that date, positions would no longer be posted as they are vacated. Rather, vacated positions would be announced in Head Nurse meetings and the head nurses encouraged to inform their staff of the vacancies. Minutes of the Head Nurse meetings were also to reflect the vacancies as they occurred. But only 54 percent of the RNs who responded to questions on this issue indicated that they heard of a vacancy from their head nurse most of the time, and 53 percent of these RNs indicated that they rarely or never read about vacancies in the minutes from the Head Nurse meetings.

According to nursing management, vacancies are discussed at Head Nurse meetings and should be transmitted to the nurses. At our exit conference, the Medical Center director stated that all future announcements will be posted. Subsequently, a proposed policy on posting of positions was distributed to those present in the June 1989 labor-management meeting.

Floating Continues to Be a Problem

Nurses are concerned about the number of times they are "floated" or assigned temporarily to other areas or wards in the hospital. Also, in their opinion, some nurses lack either the expertise to work in areas to which they are floated or have received inadequate orientation upon arrival.

Despite the improvements made in reducing nurse staff vacancies, the number of nurses floated has increased. For example, a comparison of two pay periods in early calendar year 1988 with the same two pay periods in 1989 showed 134 nurses floated in the 1988 time period and 152 nurses in the 1989 period, an increase of 13 percent. Nursing management explained that the increase in floats was due to the implementation of a new computerized acuity system that provides management with better information on what its staffing requirements are in any given ward. Specifically, this system shows the number of nurses needed in a ward based on the number of patients in that ward and the severity of their illnesses. Nursing management can then assign available nurses to those areas of the hospital where they are most needed.

Nurses have also continued to voice concerns about the lack of orientation they receive when floated to another area. Approximately 23 percent of the RNs and 30 percent of the LPNs who had been floated indicated that they were sent to an area in which they have had no experience or training. Center management disagrees with this contention.

The issue of floating has been discussed at several labor-management meetings; however, little progress appears to have been made in terms of gaining a better understanding of the issues from each group's perspective.

Nurses Spend Considerable Time Performing Support Services

In the Bill of Particulars, nurses stated that many nursing hours were spent doing jobs that belong to other services, although recognition was given to the many improvements that have been made in the last few years. In responding to the questionnaire, about 76 percent of the nurses indicated that they perform support service tasks. The number of hours spent performing these tasks ranged from 1 to 10 or more hours per week. Some of the tasks cited are cleaning patients' rooms and bathrooms, making beds, bagging dirty linen, emptying trash receptacles, and performing ward clerk duties.

Center management officials acknowledged that a problem exists with nurses having to perform excessive support services not only at this Medical Center but nationwide. Management officials said they are trying to deal with the problem but personnel ceilings have prevented them from totally correcting it. Management further said that the union has not presented this problem as an agenda item for discussion in labor-management meetings.

Nurses Believe Paperwork Requirements Are Excessive

Nurses are concerned about the amount of paperwork required at the Center, and they perceive that both Center and nursing management emphasize paperwork over patient care. Both Center and nursing management deny this but do recognize paperwork's importance in assuring quality care and maintaining accreditation. These officials pointed out that the Center has been cited by the Joint Commission on Accreditation of Healthcare Organizations and a regional VA review team for paperwork deficiencies and is trying to correct the problem.

Nearly two-thirds of the RNs and LPNs responding to our questionnaire believed the amount of paperwork required was excessive. Further, many believed that both Center and nursing management placed a higher priority on paperwork than on patient care. Union nurses with whom we discussed the paperwork issues pointed out a number of areas in which they believed paperwork could be reduced. This appears to us to be an issue that should be addressed and resolved through the labor-management meetings.

Concerns Involving Acuity Determinations

Concerns were raised in the Bill of Particulars that acuity decisions (i.e., assessment of the severity of a patient's illness and the degree or level of nursing care required) made by the nurses were being changed by supervisors to lower classifications in order to reflect a need for fewer nurses in a given ward. Under the acuity system, patients are classified based on the severity of their illnesses—the more severe the patients' illnesses, the greater the number of nurses needed. When the Center was experiencing severe nurse shortages in early 1988, there was a large disparity between nurses required based on patient acuities and nurses available. However, staffing reports show that this problem has become less severe as the nurse shortage has eased.

Nursing management stated that the acuity system is not well understood by the nurses and that the nurses should be educated about how it works. In nursing management's opinion, this lack of understanding results in acuity decisions sometimes being made that are erroneous and have to be changed. They also stated that acuity determinations are never made in order to make staffing look better.

In responding to the questionnaire, 43 percent of the RNs indicated that their patient acuity decisions had been changed. Of those indicating that their acuity decisions had been changed, 44 percent said that in few or none of the cases did they agree with the change. Some nurses with

whom we discussed this subject continued to state that patient acuities are reduced in order to better align with the available nursing staff.

We believe this is another issue that should be fully discussed from each group's perspective during the labor-management meetings and for which a good faith effort should be made to reach a common understanding of the problem.

Areas of Concern to Nurses on a National Level

Many of the problems cited by the nurses in Albuquerque are directly related to issues that are of concern to all nurses, regardless of whom they are employed by. These problems are referred to in the final report of the Secretary of Health and Human Services' Commission of Nursing, dated December 1988. According to the Commission, nurse administrators from hospitals of all sizes in both rural and urban areas reported that their hospitals experienced RN shortages in 1987. The situation appeared to be worse in larger hospitals and for hospitals in urban areas. The Commission concluded that

- the reported shortage of RNs is real, widespread, and of significant magnitude;
- the shortage of RNs is primarily the result of an increase in demand as opposed to a contraction of supply; and
- the shortage of RNs is contributing to the deterioration of RNs' work environment and may also be having a negative impact on quality of care and access to health services.

Specific areas of concern that were cited in the Commission's report and were alluded to by the Albuquerque nurses include:

- The relatively small earnings difference between a staff nurse and a head nurse.
- Increased RN stress resulting from work scheduling and the demands for round-the-clock coverage of patients, requiring mandatory overtime.
- Increased RN responsibility for greater numbers of more severely ill patients.
- Nurse-physician relationships, nurses' autonomy within the organization, and employers' willingness to recognize the value of nurse contributions as well as to invest time and money to improve nursing practices.

The Commission also cited a national random survey of American Nurses Association members, in which it was reported that nurses

> "commonly felt thwarted by the conditions in which they were obliged to operate—conditions which often undermined their professional standards and objectives as well as their level of job satisfaction and their expectations of professional achievement".[1]

[1]Bucherof and Seymor, 1988, as cited in Secretary's Commission Report on Nursing: Final Report, vol. I, HHS, Washington, D.C., Dec. 1988, p. 13.

The Commission stated its concern that the current shortage of nurses is affecting the quality of patient care, the work environment for RNs, and access to health services. Because of an increase in unfilled RN positions, compounded by the increasing number of patients with severe illnesses, many RNs are facing heavier workloads during their scheduled hours and are being forced to work overtime hours. In addition, cutbacks in LPNs, ancillary nursing personnel, and other hospital staff have further burdened RNs by increasing the amount and scope of their responsibilities.

According to the Commission, it is not unreasonable to expect that as the RNs' workload becomes more and more unrealistic and inappropriate, the margin for error increases. In fact, the Commission heard testimony from one State Board of Nursing indicating that the nurse shortage has brought about an increase in the number of drug errors and patient falls from beds, as well as an increase in substance abuse among RNs.[2] The Commission stated that such reports have not been widespread and further research in this area is necessary before the impact of the nurse shortage on quality of care can be fully evaluated.

The Commission also stated that the reason more reports of adverse effects on the quality of care have not yet surfaced appears to be (1) that hospital quality assurance systems are not generally designed to evaluate the impact of nursing care on patient outcomes and quality of care, and (2) more intense work efforts on the part of nurses have so far staved off some of the potential ill effects of the shortage. According to the Commission, deteriorating work environments—where RNs are faced with the challenge of providing care to a needier patient population without the time, rest, or support they should have—have undoubtedly contributed to the stress and disillusionment of working as an RN and been detrimental to both the morale and the image of the profession. In the Commission's opinion, if this trend goes unchecked, it will feed upon itself; dissatisfied nurses will leave the practice of nursing and potential entrants will be discouraged from becoming nurses. Both events will contribute to a continued nurse shortage, which will place added pressure on remaining nurses.

An additional area of concern to the Commission is the mounting evidence that the nurse shortage may be reducing access to patient care.

[2]Terry, 1988, as cited in Secretary's Commission Report on Nursing: Final Report, vol. I, p. 13.

"The 1987 American Hospital Association (AHA) Hospital Nursing Demand survey showed that, in every region of the country, between 10 and 32 percent of hospitals have had to limit elective admissions temporarily during the previous six months (AHA, 1988)."[3]

The survey also found evidence of temporary closures of emergency departments and intensive care unit (ICU) beds that was attributed to a lack of nursing staff. This evidence was corroborated by testimony given before the Commission. Although bed closings were attributed to the nurse shortage, it is important to assess the extent to which they may indicate decreased demand for services rather than staffing difficulties.

When considering the likelihood of swift resolution of the current shortage and the outlook for the future, the Commission reported that it is not encouraged that the nurse shortage will resolve itself in either the immediate or long-range future without intervention. Although recent anecdotal evidence suggests that the wage increases necessary to bring RN supply and demand into balance are beginning to be provided, this market adjustment has been slow to occur. At least 18 months elapsed between the time the alarm began to spread about the high RN vacancy rates in hospitals and the first reports of large increases in nurse salaries. It is not yet known if reported wage increases are or will become widespread, or whether they have been large enough to alleviate the RN shortage for those employers adopting them. Among other things the often-cited problems with RN working conditions, scheduling, and professional image make it likely that wage increases alone will not be sufficient to increase RN supply.

[3]AHA, 1988, as cited in Secretary's Commission Report on Nursing: Final Report, vol. I, p. 14.

Comments From the Department of Veterans Affairs

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

1989

Mr. Lawrence H. Thompson
Assistant Comptroller General
Human Resources Division
Washington, DC 20548

Dear Mr. Thompson,

Thank you for the opportunity to comment on the General Accounting Office (GAO) draft report, VA HEALTH CARE: Labor and Management Need to Mutually Deal with Nursing Issues at the Albuquerque Medical Center (GAO/HRD-89-153), dated October 2, 1989. I have reviewed your findings and recommendations and concur with them. The enclosure provides detailed comments as well as an explanation of our recommendation implementation plans and our target dates. I appreciate GAO's assistance in these issues.

Sincerely,

Edward J. Derwinski
Secretary

Enclosure

Enclosure

DEPARTMENT OF VETERANS AFFAIRS COMMENTS ON THE GAO REPORT
VA HEALTH CARE: LABOR AND MANAGEMENT NEED TO
MUTUALLY DEAL WITH NURSING ISSUES AT THE
ALBUQUERQUE MEDICAL CENTER, DATED OCTOBER 2, 1989

GAO recommends that I direct the Chief of Medicine and Surgery to

-- contract with an independent human relations specialist (consultant) to work with center management and the nurses to improve working relationships and facilitate the resolution of problems.

We concur with the recommendation.

Implementation Plan: Consistent with VA policy and applicable laws and regulations, we will initiate a contract for a consultant who will work with center management and representatives of the professional nurses' union. Medical center management and representatives of the union will be offered an opportunity to participate in the selection of the consultant to ensure mutual acceptance.

Target Dates: The consultant will be identified and the contract initiated within 120 days. The program of assistance will be completed no later than 180 days thereafter.

-- Require the Medical Center Director to participate in the monthly labor-management meetings at the center and ensure that issues of concern to either group are addressed.

We concur with the recommendation. We agree that the Medical Center Director should meet periodically with the nurses' union. The local contract calls for monthly meetings with two representatives from either party. Even though the report is silent on who the representatives would be, one is usually an individual responsible for handling labor management relations. It has also been beneficial to have the Chief Nurse present to relate to nursing issues.

It is appropriate to note that, although the monthly meetings between management and the nurses' union are the result of collective bargaining, actual negotiations during these meetings may or may not occur. In this regard, the report does not distinguish between matters that are subject to collective bargaining and those that are not. VA has no obligation to negotiate with employee unions on matters that are not subject to collective bargaining under Federal labor relations statutes. The report's recommendations must be considered within that statutory

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framework. In this context, we wish to recognize that the report identifies issues that may not be appropriate for resolution through collective bargaining nor for problem solving meetings with the nurses' union--UBC, Southwest Council of International Workers.

In several places the draft report recommends that selected working conditions for nursing personnel should be more fully addressed during the monthly meetings between management and the UBC. The nursing personnel mentioned in the report consist of three categories of employees: registered nurses (RN), licensed practical nurses (LPN), and nursing assistants (NA). UBC represents only a bargaining unit of RNs; it does not represent LPNs or NAs. These two categories of employees are included in the nonprofessional unit that is represented by the American Federation of Government Employees (AFGE). It would be inappropriate to deal with the UBC on matters directly affecting LPN and NA working conditions.

In addition, the collective bargaining rights of all three categories of employees are different. The working conditions of RNs are within the exclusive discretion of the Secretary of Veterans Affairs and are not subject to the collective bargaining provisions of title 5 labor relations statute. Colorado Nurses Assn v. FLRA, 851 F. 2d 1486 (D.C. Cir. 1988). Nursing assistants' working conditions are, subject to certain legal restrictions, subject to the title 5 labor relations statute.
5 U.S.C. §§ 7114(a) and 7117(a). LPNs are title 5 and title 38 hybrid employees. Their working conditions are subject to the title 5 labor statute, except for appointment, pay, and promotion authorities reserved to VA in title 38.

Specific sections of the draft report requiring clarification are noted below:

- Pages 3 and 21 state that issues involving "floating" of nurses, staff injuries, support services, paperwork, and acuity determinations should be addressed through the monthly meetings with the nurses' union.
- Page 21 also states that other issues involved in the nurses' complaints should be resolved through monthly meetings held with the nurses' union.
- Pages 30-31 state that "floating" has not been resolved with the nurses' union.
- Pages 33-34 state that issues involving acuity determinations should be resolved through the monthly meetings.

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Working conditions of RNs are not subject to bargaining. Colorado Nurses, supra. "Floating" of nursing personnel is the temporary assignment to another ward or unit in order to provide coverage. As such, it involves the management right to assign employees work and is protected from bargaining under the labor relations statute. Nat'l Union of Hospital and Health Care Employees, District 1199 and VAMC Dayton, 28 FLRA 435 (1987), dismissed on remand on other grounds, 33 FLRA No. 32 (1988) (float pool for nurses). Acuity determinations do not concern working conditions and, thus, are not subject to collective bargaining under the title 5 labor relations statute. See AFGE Local 3006 and Idaho Army and Air Nat'l Guard, 32 FLRA 785 (1986). Specific duties of personnel, such as performance of support functions, involve the management right to assign work and is protected from bargaining under the labor statute. New York State Nurses Assn and VAMC Bronx, 11 FLRA 578 (1983) (assignment of nonnursing duties). Thus, while issues can be discussed and both parties can explore ways of resolving matters upon which both parties agree that there is a problem, it needs to be understood that management retains the discretion to identify matters that are inappropriate for consultation or negotiation and respond accordingly.

On pages 29-30, the draft report states that vacancy announcements for nurse positions are not posted contrary to requirements in the collective bargaining agreement. However, the Office of Personnel and Labor Relations has advised that the agreement with UBC contains no such requirement. Any such requirement in the nonprofessional agreement would not apply to the RNs. We appreciate that the report acknowledges that the Director has assured that all future vacancy announcements will be posted and that a proposed policy on posting of positions was distributed.

With reference to pay issues, the report discusses on pages 9, 13, and 14 VA's unused authority to give RNs recruitment and retention bonuses. We point out that when Congress enacted this authority, it failed to provide additional funding for the bonuses. Also, VA opposed the enactment of this authority citing that it was too costly and not helpful for RN recruitment and retention.

The report also states on page 9 that authority to pay a Saturday differential to NAs requires legislation. We offer that VA has opposed legislative proposals that would accomplish this because there are no staffing difficulties with respect to unskilled nursing assistants.

Implementation Plan: Every effort will be made to comply with the intent of this recommendation with the purpose of improving communications. The nurses' union will be consulted regarding the recommendation to determine their interest in having a third representative present in the monthly meetings with a renegotiation of the contract. In the interim, routine pre-meeting review of all

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upcoming agenda items with the nursing management team and the Director will be initiated. This review will be designed to ensure appropriate awareness of the issues by all participants as well as to elicit issues of concern and input from the Director. Nursing management will be directed to continue distributing the agenda and subsequent minutes of the monthly labor-management meetings.

Target Date: The recommendation will be implemented within 30-60 days based on the outcome of the discussion(s) with the union.

-- **Require the Center Director to inventory all equipment and supplies, reconcile the inventory records, and strengthen internal controls over property.**

We concur with the recommendation. Problems in these areas were first recognized by top management soon after its arrival in late FY 1985. Records were grossly inadequate, with inaccurate logging and ineffective internal control systems. The subsequent move into the new clinical services addition, with the acquisition of more than $30 million in equipment and furnishings in FY 1986 and 1987, added literally tens of thousands of record adjustments to both internal and Department systems.

Implementation Plan: Supply Service management reassignments have been made, and the reconciliation project has been initiated. VA Central Office provided a special site visit team that generated considerable information and assistance in these efforts. Additionally, medical center management has recently arranged details to Albuquerque VAMC by field experts to assist the local staff in completing the inventory and property records. Nursing staff concerns for such items as microwave ovens, laundry carts, etc. have been addressed.

Target Dates: The Albuquerque VAMC's comprehensive property accounting system, consolidated memorandum receipts, has undergone considerable revision recently. The service by service cycle will be completed in December 1989.

-- **Reconcile the differences between the physical requirements applicable to nurses being hired and those applicable to injured nurses returning to full duty.**

We concur with the recommendation. VA policy is: "Only those persons who are physically and mentally capable of satisfactorily performing the duties of their assignments are to be employed and retained (Department of Medicine and Surgery Supplement, MP-5, Part II, Chapter 10, Paragraph 10.03a)." This policy is applied equally to all employees and to all prospective employees. Once

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employees are injured, it is incumbent upon the facility to require a greater degree of evidence that they are able to return to work. The policy is provided to assure that employees do not re-injure themselves or aggravate an existing condition, and that they are not cause for injury or harm to patients or coworkers.

Implementation Plan: Center management will review, identify, and inform prospective employees of the physical requirements associated with the various positions. Pre-employment physical examinations will be modified to more accurately assess the employees' capacities to perform required tasks for specific positions appropriately.

Target Date: This directive will be implemented within 90 days.

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